

-63-009151

STATE FILE NUMBER

admission)

Inside Limits:

Yes ☒ No ☐

Reside on Farm _____

Yes ☐ No ☒

Year

1963

IF UNDER 24 HR

Hours	Min.
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12. CITIZEN OF WHAT COUNTRY	
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U.S.A.

14. NAME OF HUSBAND OR WIFE

Daniel Nill

Address

Mrs. Lydia Intfeld-5335 West Ave.

INTERVAL BETWEEN
ONSET AND DEATH
3 day

3224

PART III: If deceased was female was there a pregnancy in last 90 days.

OTHER, SIGNIFICANT CONDITIONS
disease condition given in PART I (a)

3/20

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown
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20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

ve, and to the best of my knowledge, from the causes

22c. DATE SIGNED
1/1/1

(State)

• H N D

Road Smith, N.V.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Flaura M. Bello

Licensed Embalmer No.

4375

C.O. Address

St. Louis 16, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.